



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

R ROBERT IPPOLITO
P O BOX 835638
RICHARDSON TX 75083

Carrier's Austin Representative Box
19

Respondent Name

EMCASCO INSURANCE CO

MFDR Date Received

APRIL 12, 2012

MFDR Tracking Number

M4-12-2627-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We are having a dispute with 'EMC Insurance Companies', (EMC) due to the late filing of the paper/s claim. However, the services were performed on 09/20/2011 and the original claim was filed electronically on 09/27/2011...According to this submission report, the insurer received that claim on or about 09/28/2011...This is the same issue we are having with date of service 09/28/2011 which this claim was originally filed electronically on 10/06/2011...According to this submission report, the insurer received that claim on or about 10/11/2011...As you can see, the first attempt to file this claim was done properly and in a timely matter, unfortunately due to errors between Caprio Clearing House and their trading partner and problems with the Insurer trading partner's and/or Insurer EDI department, the claims did not get processed and did not get paid."

Amount in Dispute: \$8,324.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier incorporates by reference each and every defense raised in its EOBs pertaining the dates of service in dispute. The provider failed to present credible evidence that it timely submitted its original medical bill to the carrier. Rule 133.20(b) provides that a healthcare provider shall not submit a medical bill later than the 95th day after the date of service. For date of service September 20, 2011, the 95th day is December 24, 2011. For the date of service September 28, 2011, the 95th day is January 1, 2012. The carrier incorporates by reference the attached documents providing details concerning the facts of this dispute. Based upon the facts and the law, the provider is not entitled to reimbursement."

Response Submitted by: Flahive Ogden & Latson, P. O. Box 201320, Austin, Texas 78720

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
September 20, 2011 through September 28, 2011	CPT Codes: 26390-F6, 26442-F6, 26442-51-59, 26442, 26442-51-59, 14040, 29125 and 99080-73	\$8,324.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. Texas Labor Code §408.0272, effective September 1, 2007, provides for certain exceptions for untimely submission of claim.
3. 28 Texas Administrative Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.
4. 28 Texas Administrative Code §102.4 sets out the rules for Non-Commission Communications.
5. Texas Labor Code §408.027 sets out the rules for timely submission of a claim by a health care provider.
6. Texas Labor Code §408.0272 sets out the rules for certain exceptions for untimely submission of a claim by a health care provider.
7. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- 16 – CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION.
- 193 – ORIGINAL PAYMENT DECISION IS BEING MAINTAINED. UPON REVIEW, IT WAS DETERMINED THAT THIS CLAIM WAS PROCESSED PROPERLY.

Issues

Does a timely filing issue exist?

Findings

Texas Labor Code §408.0272(b)(1)(C) states "Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if: (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with: (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured; (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title."

The requestor submitted a letter from Capario clearing house dated December 12, 2011 that states "Capario, formally known as Medavant or ProxyMed, received claim submissions 8/11 to 11/11 for various Worker Comp Payers from Assoc. Hand & Plast. Surgery of Dallas...and processed them. However, due to an internal report parsing issue, the client did not receive the payer rejection responses associated to these claims in a timely manner causing a delay in reprocessing of corrected claims...as the initial attempt was made in a timely fashion; we request these claims be reconsidered for processing."

The respondent replies "The provider is attempting to prove timely filing with documents provided by their ebill clearinghouse, Capario. However, the documentation shows they were submitted to another clearinghouse, WCEDI as opposed to EMC clearinghouse, Jopari. Jopari does not interface with WCEDI but does interface with Capario. Since WCEDI does not interface with Jopari, the system would have created rejection notice and converted the bills to paper bills. All billings from this provider have been submitted in paper bill form. Dates of service immediately preceding the dates in dispute and after the dates in dispute have been received timely. Jopari has no record of receiving the bills in dispute. Their allegation that the problem was caused by some internal problem does not appear to be supported by the fact they were able to bill timely previous and subsequent bills in paper form."

The documentation submitted indicates that the problem started when the requestor's bill processing agent Capario sent the bills to the wrong clearing house WCEDI instead of to EMC/Jopari. The respondent states that because WCEDI and EMC/Jopari did not interface, the system would have created a rejection notice and converted the bills into paper form. The requestor's agent Capario confirmed that the requestor did not receive the payer rejection notices in a timely manner causing a delay. The Division finds that the requestor does not support position that the disputed bills were submitted in a timely manner, or that they meet any of the exceptions described in Texas Labor Code §408.0272. As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has forfeited its right to reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	09/30/2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.